

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 08, 2003 8:00 am
Secretary of State

007968 AV

08-08-2003 90094 039 ***150.00

DOCUMENT # S53902

1. Entity Name
KATHLEEN M. CASEY, P.A.



Principal Place of Business 3607 NE 17TH AVENUE FORT LAUDERDALE FL 33334 US	Mailing Address 3607 NE 17TH AVENUE FORT LAUDERDALE FL 33334 US
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2. Principal Place of Business 3601 NE 17th Avenue	3. Mailing Address 3601 NE 17 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL	4. FEI Number 65-0263185	Applied For <input type="checkbox"/> Not Applicable
Zip 33334	Country USA	Zip 33334	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CASEY, KATHLEEN M
3601 NE 17TH AVENUE
FORT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASEY, KATHLEEN M 3601 NE 17TH AVENUE FORT LAUDERDALE FL 33334 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen Casey* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/17/03** Daytime Phone # **(954) 568 9410**

CR2E034 (4/03)

Attachment

Kathleen M. Casey

80137112
553902

PROFESSIONAL ASSOCIATION
ATTORNEY AT LAW

Admitted in Florida & Colorado

3601 N.E. 17th Avenue
Fort Lauderdale, Florida 33334
Telephone: (954) 568-9410
Telecopier: (954) 565-3701
E-Mail: casey244@bellsouth.net

August 1, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

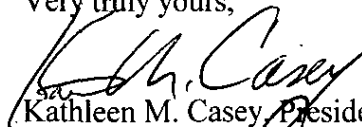
Re: Kathleen M. Casey, P.A.

Dear Sir or Madam:

I am in receipt of the 60 notice for filing the Uniform Business Report for the above referenced entity. No prior notice was received. This letter is attached to the completed Report form in accordance with the answer to item 1 of the "Frequently Asked Questions" section of the Report/Notice document. The address of the P.A. is 3601 N.E. 17th Avenue, not 3607 as listed on the address label (copy attached) of the Report/Notice document. The addresses for the principal place of business and the mailing address for the P.A. are also incorrectly listed as 3607 on the report form. I have corrected this in items 3 and 4 of the form. I checked Division of Corporations website and the address on the last report filed was correct so there must have been some clerical error that caused the problem. In any event, the completed report and the \$150.00 filing fee are enclosed.

Should you have any questions or require anything further, please contact me via telephone or e-mail

Very truly yours,


Kathleen M. Casey, President
Kathleen M. Casey, P.A.